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Vitamin 25(Oh)D Deficiency and their Advantages in Children

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DESCRIPTION

The environment in early life plays an important role in programming the development of metabolic diseases later in life nutrient transfer from mother to fetus depends on the nutritional status of the mother and can changes in body composition after birth contribute to lifetime metabolic riskadipose tissue distribution, particularly visceral adipose tissue (vat), is associated with insulin resistance, hypertension, and subclinical atherosclerosis, and plays a key role in the pathophysiology of obesity, however, has emerged as an important risk factor for cardiometabolic disease. At the beginning of the third trimester of pregnancy, adipose tissue increases rapidly and the mother's nutritional status may changechange the distribution of body fat and can lead to lifelong metabolic changes vitamin d deficiency is associated with obesity, β-cell dysfunction and insulin resistancevitamin ddeficiencies during pregnancy are commonly reported around the world, particularly in poor and developing countries. The fetus does not produce vitamin D, which depends on maternal supply through the placenta. For this reason, maternal and fetal vitamin d status is closely linked. Some studies have shown that vitamin d levels during pregnancy influence the incidence of obesity and the distribution of fat mass in the offspring, thereby programming lifelong metabolic disordersalthough increasing evidence suggests thismaternal vitamin d in offspring fat distribution, little research has been done on this topic. We therefore hypothesized that maternal vitamin d deficiency might be associated with increased visceral obesity. This studythe association between mid-pregnancy 25(oh) D status in brazilian mothers and neonatal ultrasound-measured visceral obesity was investigated. This study examines the potential role of maternal 25(oh)D in the later susceptibility of the offspring to metabolic diseasesin life. This cohort study of mother-infant pairs showed no correlation between midterm maternal 25(oh)D levels and neonatal intra-abdominal vat as assessed by ultrasound. Although some studies in adults have shown the oppositerelationship between 25(oh)D and visceral fatfew studies have examined the relationship between maternal 25(oh)D levels and neonatal fat distribution. In addition, these studies have shown conflicting results. The southampton women's survey, maternal finding in conclusion, our study found no correlation between maternal 25(oh)D status and neonatal iva. Further studies are needed to establish this relationship and to verify the potential role of maternal 25(oh)D in offspring susceptibility to metabolic disease later in life. Deficiency at 34 weeks' gestation was associated with lower neonatal fat mass and greater obesity at age 6 in these studies, total abdominal obesity was measured, not abdominal tva, which is more closely related to future metabolic risk. Tva is associated with a higher risk of metabolic diseases, particularly insulin resistance and its complications. Stomach fat incorporates subcutaneous and intra-stomach fat. Stomach stoutness, particularly instinctive fat tissue, has arisen as a significant gamble factor for cardio-metabolic infection and it's high metabolically dynamic and has been related with insulin obstruction, hypertension, and subclinical atherosclerosis. Fat dissemination assumes a vital part in weight pathophysiology, and its modifying is impacted in early life. By the start of the third trimester, fat tissue extends quickly and untimely birth might disrupt a basic time of fat tissue circulation. Stomach anthropometry estimations have been much of the time utilized however this technique doesn't recognize subcutaneous and instinctive adiposity. Figured tomography and attractive reverberation imaging have been viewed as the highest quality levels for fat dissemination estimation. Be that as it may, these techniques open kids to ionizing radiation and the requirement for costly gear and expert specialists; other than X-ray often requires sedation. There is strong evidence that ultrasound is an accurate, reliable, reproducible, and safe method of measuring intra-abdominal visceral fat in infantsin addition, we examined a large sample and identified several losses. We have therefore expanded the limited literature on the association between maternal 25(oh)D and offspring abdominal visceral obesity as measured by ultrasound.

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CONFLICT OF INTEREST

None.